

ASS. REC. BY:

REF: CS/CTI17016939/(Hb2)

Special Instruction:

Surveyor:

m/men.

From (Person):

Irene Tay

ASSIGNMENT (Office)

of CTI

Date/Time: 31/8/17 11:05am

Estimated Cost:

Bill to:

OD / ☒ WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FS 8671 P

Insured:

XD 2374 C

at Workshop m/s

Atan

Tel:

6743 1351

of

Blk 3006, Ubi Rd 1, # 01-368/370

Policy No:

DMCVSN 8007401709

Claim No:

SNM17D05117C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28/08/2017

CA / REV / REP. / REV 24 HRS

(wp)

Date/Time:

31/8/17 11:57am

Person Contacted:

Joyce

H.O.D. Endorsement:

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	FS 8671 P-X
	XD 2374 C-X
	Part by part \$ 1709 40/- (Red: 546.60 :24%)

AS REC. BY:

REF:

CTI

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FS8671P

Yr Regn:

13 Dec 2000

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda CB400 c.c. 399

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

68316

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NC 391013 9.47

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

120/60ZR17

R:

160/60ZR17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

METZELER

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

31-08-17

Survey held at

w/s

3:30pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time

Action / Instruction

RECEIVED 22 NOV 2013

Date/Time, File Pass to?

☐

: Preli. Report

1) 22/11 Typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

TP
170940

130

130



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CS/CTI17016939/Gtb		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 31-08-2017		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XD 2374C	Veh. Inspected	FS 8671P	
Policy No.	DMCVSN8007401709	Coverage (\$)	0.00	
Claim No.	SNM17D05117C02M	Excess (\$)	0.00	
Assign From	MERIMEN (IRENE TAY)	Assign Date	31/08/2017	
2. Vehicle Particulars & Condition				
Make & Model	c.c		0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	Colour			
Odometer	-	Steering		
Brakes	Modification			
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	28/08/2017	Inspection Date		
Survey held at	ATAN MOTORING SUPPLY PTE LTD BLK 3006 UBI ROAD 1 #01-370 SINGAPORE 408700			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd
Main	30 Aug 2017		31 Aug 2017 11:05 Assign			

[New Assignment](#)
[Cancel Case](#)

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	
Main Claimant:	NA SEOW HOCK
Vehicle Reg. No.:	FS8671P
Claim Type:	TP / SNM17D05117C02
Vehicle Reg. No. (Insured):	XD2374C
	Excess: S\$0.00
Repairer:	Atan Motoring Supply Pte Ltd (HQ) Block 3006 Ubi Road 1, #01-368/370, 408700 Ubi - Tel: 6743 1351
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 12/09/2017]
Adj Asg. Remarks:	PLEASE ASSIST TO CONDUCT A PRS AND REVERT WITH YOUR RECOMMENDATION

ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

catherine

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Thursday, 31 August, 2017 10:53 AM
To: assignments@lkkauto.com; Admin A
Cc: anna sim
Subject: CTP REF NO. SNM17D05117C02 ATAN REF NO. FS8671P - ACCIDENT INVOLVING XD2374C AND FS8671P ON 28 AUGUST 2017

Dear Sir/Mdm,

We refer to the above matter and the email below.

Please assist to get Mr Marcus Chua from your end to liaise with Ms Anna from Atan

Regards,

Irene Tay

Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3, Anson Road, #16-00
Springleaf Tower,
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389-6192
Fax: 6224 7175
Email: claimsdept@sg.cntaiping.com
Email: irene.tay@sg.cntaiping.com
Website: www.sg.cntaiping.com

From: anna sim [mailto:annasimsl@yahoo.com.sg]
Sent: Wednesday, 30 August, 2017 5:42 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Subject: Re: CTP REF NO. XD2374C ATAN REF NO. FS8671P - ACCIDENT INVOLVING XD2374C AND FS8671P ON 28 AUGUST 2017

Hi Irene

We shall appoint Marcus Chua,
Thank you

Regards,
Anna Sim
Atan Motoring Supply Pte Ltd
Tel: 67431351 Fax: 67434158
email add : annasimsl@yahoo.com.sg

On Wednesday, August 30, 2017, 4:26:21 PM GMT+8, Irene Tay <irene.tay@sg.cntaiping.com> wrote:

Without Prejudice

Save As To Costs

Dear Sir/Mdm,

We refer to your pre-repair survey request / email.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop.

Here are the list of surveyors ;

Marcus Chua

Bryan Ang

Tay Beng Hee

See Chew Seng

Dereck Oh Siong Wee

Mohd Fadhilah Bin Osman

Cedric Ng

Steven Foong

Adrian Ling

Henry Ng

We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Regards,

Irene Tay

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3, Anson Road, #16-00

Springleaf Tower,

Singapore 079909

Co. Reg. No. 200208384E

DID: 6389-6192

Fax: 6224 7175

Email: claimsdept@sg.cntaiping.com

Email: irene.tay@sg.cntaiping.com

Website: www.sg.cntaiping.com

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>



SINGAPORE POLICE FORCE



T/20170829/2041

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20170829/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2017 11:04		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: NA SEOW HOCK		Address: APT BLK 410 HOUGANG AVENUE 10 #03-1018 SINGAPORE 530410			
ID Type / ID No.: NRIC NO / S1418613A		Contact No.: Home/Office:		84841108 Mobile: 84841168	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 56	Date of Birth: 10/10/1960	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/08/2017 15:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 AIRPORT ROAD UBI AVENUE 2 <i>Road 2</i>				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS8671P	Motorcycle	HONDA	CB400SFYJ	Red	Slightly Damaged	0
XD2374C	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS8671P	AXA INSURANCE SINGAPORE PTE LTD	AN3157282	07/07/2017	06/07/2018



**SINGAPORE
POLICE FORCE**



T/20170829/2041

2 of 3

Report No. T/20170829/2041

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NA SEOW HOCK	ID No.	S1418613A
Related Vehicle	FS8671P (Motorcycle)	Contact No.	84841168
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	28/08/2017	Date Discharge	28/08/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/08/2017 at about 1539hrs, I was travelling along Airport road on my motorcycle when a lorry collided into my rear.

The incident happened at the cross junction of Airport road and ubi ave 2. I stopped at the traffic junction waiting for the green arrow to turn into ubi ave 2. When the traffic light turns green, I started to move off and I saw the lorry tried to overtake me which resulted in him knocking onto my motorcycle box and pushing me to the side and causing me to collide into the kerb on my left.

My motorcycle fell onto my leg and caused some injuries. I was being conveyed to raffles hospital and was given 3 days of MC.

HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
TEL: 1800-4890999



**SINGAPORE
POLICE FORCE**



T/20170829/2041

3 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20170829/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 CHUA YONG JIE, JEREMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2017 11:04

Classification Of Case:



Signature:

Singapore Police Force

SN 085

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	31/08/2017 17:19
Date Of Accident	28/08/2017 15:35
Exact Location Of Accident	JUNCTION OF AIRPORT ROAD AND UBI ROAD 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS8671P
Insured/Policyholder	
Name Of Registered Owner	NA SEOW HOCK
NRIC No	S1418613A
Email Address	SEOW.SHN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84841168
Alternative Phone No	OFFICE-84841168

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3157282
Cover Note Number	

Driver

Name of Driver	NA SEOW HOCK
NRIC No	S1418613A
Date Of Birth	10/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1984
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84841168
Fax Number	
Contact Number	OFFICE-84841168
Email Address	SEOW.SHN@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD2374C
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name NA SEOW HOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle? FS8671P

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

	<p>Number Plate A-FS 8671 P B-XD 2374 C</p> <p>Legend</p> <p> Vehicle  Bike</p>
--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Accident Sketch Plan

Describe Circumstances of the Accident

Date of Accident:

Time of Accident:

refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time

29/8/17 1pm

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170829/2041

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20170829/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2017 11:04		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: NA SEOW HOCK			Address: APT BLK 410 HOUGANG AVENUE 10 #03-1018 SINGAPORE 530410		
ID Type / ID No.: NRIC NO / S1418613A			Contact No.: Home/Office:		Mobile: 84841168
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 10/10/1960	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/08/2017 15:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 AIRPORT ROAD UBI AVENUE 2 <small>HOUGANG N.P.C 60 HOUGANG AVENUE 9 SINGAPORE 538775 TEL: 1800-4890999</small>				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS8671P	Motorcycle	HONDA	CB400SFYJ	Red	Slightly Damaged	0
XD2374C	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS8671P	AXA INSURANCE SINGAPORE PTE LTD	AN3157282	07/07/2017	06/07/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170829/2041

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20170829/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NA SEOW HOCK	ID No.	S1418613A
Related Vehicle	FS8671P (Motorcycle)	Contact No.	84841168
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	28/08/2017	Date Discharge	28/08/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/08/2017 at about 1539hrs, I was travelling along Airport road on my motorcycle when a lorry collided into my rear.

The incident happened at the cross junction of Airport road and ubi ave 2. I stopped at the traffic junction waiting for the green arrow to turn into ubi ave 2. When the traffic light turns green, I started to move off and I saw the lorry tried to overtake me which resulted in him knocking onto my motorcycle box and pushing me to the side and causing me to collide into the kerb on my left.

My motorcycle fell onto my leg and caused some injuries. I was being conveyed to raffles hospital and was given 3 days of MC.

HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
TEL: 1800-4890999

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20170829/2041

3 of 3

Report No. T/20170829/2041

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 CHUA YONG JIE, JEREMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED ZAYID MUHAMMAD BIN SYED

ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2017 11:04

Classification Of Case:



SN 085

Signature:

Singapore Police Force

Common Statement

Kev Photo

ACCIDENT STATEMENT (Part 1) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 28/6/17 1935	2 Exact location of accident Junction of Airport Road and Ubi Road 2	3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **FS 867P**

6 Insured / policyholder (see insurance cert.)
Name **No Sean Pak**
(capital letters)
Address **B1401 Pongay Ave 10**
#03-1018 S5304D
NRIC / Passport no. **S1419613A**
Tel no. (from 00s till 5pm) **84841168**
HP
7 Vehicle
Make, type **Honda CB400SFVS**
8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **AN 3157282**
9 Driver
☒ Same as Owner
Name
(capital letters)
NRIC / Passport no. **2A/2B**
Class of licence
HP
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the reference boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	moving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junction)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **XD 2314C**

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 00s till 5pm)
HP
7 Vehicle
Make, type
8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)
9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

1. layout of the road - 2 the direction of vehicles A and B with arrows - 3 their positions at the time of impact - 4 the road signs - 5 names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

14 My remarks

* In the event of repairs or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing

Subsequently, each driver should take any note

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email: <u>seawashin@gmail.com</u>
	2 Vehicle registration no.	CC.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Risk & reward		
	5 Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is of present Tel no. _____		
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of licence pass
	10/10/60	Indoor	Outdoor
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
	No Seat Belt		FS8671 P
	Were seat belts being worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property
Damage to property & vehicles (other than vehicles A and B)	Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Harbour View</u>		
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?		
Accident details	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain	Ranking
	15 Road surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry	Other
	16 Speed of vehicles	A _____ km/hr	B _____ km/hr
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
	20 If your vehicle is commercial, state weight of load carried at time of accident		
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)		
Declaration	22 State number of Passengers (including Driver) _____		
	I/We declare the foregoing particulars are true to the best of my/our knowledge and belief		
Policyholder's signature <u>[Signature]</u>		Date <u>29/3/17</u>	
Driver's signature (if driver is not the policyholder) _____		Date _____	

IC AND LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1418613A



Name

NA SEOW HOCK

藍 紹 福

Race

CHINESE

Date of Birth

10-10-1960

Sex

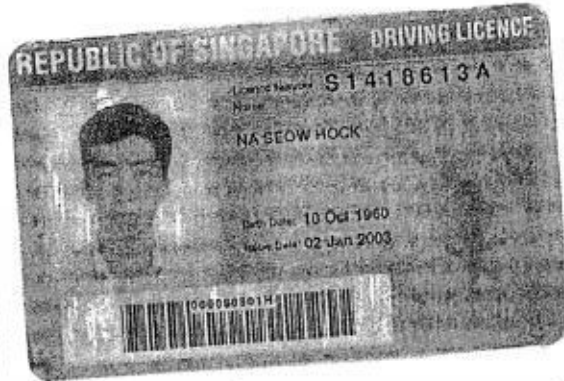
M

Country of Birth

SINGAPORE



S1418613A



NRIC No. S1418613A



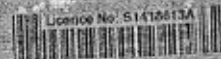
Date of issue
25-01-2008

Address
APT BLK 410 HOUGANG AVENUE 10
#03-1018
SINGAPORE 530410

4165969

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	10 Jul 1964
Class 2A	Motorcycles between 201 cc and 400 cc	19 Jul 1964
Class 3	Major Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Oct 1962
Class 5	Motor Vehicles which are not constructed themselves to carry any load & at the weight of which unladen exceeds 7250 kilograms	11 Mar 1963



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





ATAN MOTORING SUPPLY PTE LTD

Blk 3006 Ubi Road 1, #01-368/370 Singapore 408700.

Tel: 67431351 Fax: 67432719 Email: annasimsl@yahoo.com.sg

Business Registration No. A03552/1989W

30 August 2017

China Taiping Insurance (S'pore) Pte Ltd
Motor Claim Department

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Tel: 63896111 Fax: 62247175

1666
10%: 1499.4
210
1709.4

FS8671P- Estimate Bill (Honda CB400VT 1)

1 pc	Handle Bar	/ BT
1 set	Meter	/ cut
1 pc	Clutch Lever	/ cut
1 set	Crash Bar	/ cut
1 set	Gear Lever Foot	/ BT
1 set	Box Bracket	/ BT
1 pc	Rear Number Plate	/ BT.
1 pc	IU Bracket	/ BR.
	Transport 2 way to Idac to workshop	
	Workmanship	
	Sub Total	
	GST 7%	
	Total	

180.00	/
850 1150.00	/
35.00	/
210.00	/
118.00	/
230.00	/
18.00	/
25.00	/
70.00	60
220.00	150.
2256.00	
157.90	
2413.90	

Fax: 6256 4315
sur@lkkanto.com
Guo Qiang - 82880282
2 Days.
part by part.
After repair photos.
31/8/17
assembly on 15/9/17

1966
196.60
1769.40
60.00
180.00
1979.40
138.56
2117.96



ATAN MOTORING SUPPLY PTE LTD

Blk 3006 Ubi Road 1, #01-368/370 Singapore 408700.

Tel: 67431351 Fax: 67432719 Email: annasimsl@yahoo.com.sg

Business Registration No. A03552/1989W

30 August 2017

China Taiping Insurance (S'pore) Pte Ltd
Motor Claim Department
3 Anson Road #16-00
Springleaf Tower
Singapore 079909
Tel: 63896111 Fax: 62247175

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

FS8671P- Estimate Bill (Honda CB400VT 1)

1 pc	Handle Bar	/ BT	180.00	/
1 set	Meter	/ cut	1150.00	/
1 pc	Clutch Lever	/ cut	35.00	/
1 set	Crash Bar	/ cut	210.00	/
1 set	Gear Lever Foot	/ BT	118.00	/
1 set	Box Bracket	/ BT	230.00	/
1 pc	Rear Number Plate	/ BT.	18.00	/
1 pc	IU Bracket	/ BR.	25.00	/
	Transport 2 way to Idac to workshop		70.00	60
	Workmanship		220.00	150.
	Sub Total		2256.00	
	GST 7%		157.90	
	Total		2413.90	

1966
less 10% 1769.4

Fax: 6256 4315

sur@lkkauto.com

Guo Qiang - 82880282

2 Days.

part by part.

After repair photos.

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Aug 2017		31 Aug 2017 11:05 Edit Adj Rpt	S\$1,709.40 Edit Estimates	S\$1,709.40 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS

Insured:

Main Claimant:

Vehicle Reg. No.:

Claim Type:

Vehicle Reg. No. (Insured):

Repairer:

Handling Insurer:

Adjuster:

Adj Asg. Remarks:

- , Co. Reg. No.:

NA SEOW HOCK

FS8671P

TP / SNM17D05117C02

XD2374C

Atan Motoring Supply Pte Ltd (HQ) Block 3006 Ubi Road 1, #01-368/370, 408700 Ubi - Tel: 6743 1351

China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 12/09/2017]

PLEASE ASSIST TO CONDUCT A PRS AND REVERT WITH YOUR RECOMMENDATION

Date of Loss:

Policy/Cover Note No.:

Policy No. (Claimant):

Excess:

28/08/2017 00:00 - :59

DMCVSN8007401709

S\$0.00

ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

Due Date

Priority

Type

Task Group

Subject

Handler

Assigned By

Completed On

Created On

Done?

[View All](#)

[Search Tasks](#)

[Create New Task](#)

[Complete](#)

No results.

Claim Documents

***FS8671P (SNM17D05117C02)**
[XD2374C]

TP

NA SEOW HOCK

Aug 28 2017 12:00AM

[-]

Atan Motoring Supply Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View Use Viewer	
Photos/Images						3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print
1	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
2	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
3	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
4	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
5	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
6	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
7	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
8	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
9	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
10	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
11	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
12	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
13	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
14	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
15	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
16	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
17	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
18	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
19	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
20	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
21	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
22	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
23	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
24	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
25	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
26	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
27	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
28	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
29	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
30	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
31	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
32	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>
33	09/10/17 10:37	General View				Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Handling InsurerNote: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT117016939/GTBE2

Date: 27/11/2017

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN8007401709
Claimant Vehicle No :	FS8671P	Insured Vehicle No :	XD2374C
Date of Loss:	28/08/2017	Nature of Claim:	TP
		Claim No:	SNM17D05117C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	FS8671P	Engine No:	NC23E2013947
Make & Model:	HONDA CB 400 F3WYB, 399cc (M)	Chassis No:	NC391013947
Reg. Date:	13/12/2000 (Man. Year: 2000)	Odometer:	68316 km
Colour:	Red		
Engine Capacity:	399 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	120/60Z R17	Rear Tyre Size:	160/60Z R17
Front Left Side:	Metzeler 5 mm	Rear Left Side:	Metzeler 5 mm
Front Right Side:	0 mm	Rear Right Side:	0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,966.00	1,499.40	466.60	23.73
Miscellaneous Items	0.00	0.00	0.00	
Labour	290.00	210.00	80.00	27.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,256.00	1,709.40	546.60	24.23
+ GST 7.00/7.00% (S\$)	157.92	119.66	38.26	24.23
Nett Amount (S\$)	2,413.92	1,829.06	584.86	24.23

INSPECTION

Date of Assignment:	31/08/2017	
Date Inspected:	31/08/2017	Inspected At:
		Atan Motoring Supply Pte Ltd (HQ) Block 3006 Ubi Road 1, #01-368/370 Singapore 408700
Estimated Period of Repair:	2.0 days	

Adjuster: XING GUO QIANG

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 27 Nov 2017)	
Parts:	N/A	HONDA CB 400 F3WYB 399cc (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FS8671P)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*HANDLE BAR	Bent	180.00 F	*180.00 FL
2	1		*SET METER	Cut	1,150.00 F	*850.00 FL
3	1		*CLUTCH LEVER	Cut	35.00 F	*35.00 FL
4	1		*SET CRASH BAR	Cut	210.00 F	*210.00 FL
5	1		*SET GEAR LEVER FOOT	Bent	118.00 F	*118.00 FL
6	1		*SET BOX BRACKET	Bent	230.00 F	*230.00 FL
7	1		*REAR NUMBER PLATE	Bent	18.00 F	*18.00 FL
8	1		*IU BRACKET	Broken	25.00 F	*25.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,966.00	1,666.00
- List Item Discount on L Items 0.00/10.00% (\$\$)	0.00	166.60
Total Parts (\$\$)	1,966.00	1,499.40

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TRANSPORT 2 WAY TO IDAC TO WORKSHOP	New	70.00	60.00
2	WORKMANSHIP	New	220.00	150.00
Gross Labour Cost (S\$)			290.00	210.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >